

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|-------------------------------|--------|-------------|------|------|--|
| | | | | | | APPLICANT(S) 09/926299 | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | 1 | | | | | | 51 | | | | |
| 2 | | 1 | | | | | 52 | | | | |
| 3 | | 1 | | | | | 53 | | | | |
| 4 | | 1 | | | | | 54 | | | | |
| 5 | | 1 | | | | | 55 | | | | |
| 6 | | 1 | | | | | 56 | | | | |
| 7 | | 1 | | | | | 57 | | | | |
| 8 | | 3 | | | | | 58 | | | | |
| 9 | | 1 | | | | | 59 | | | | |
| 10 | | 1 | | | | | 60 | | | | |
| 11 | | 1 | | | | | 61 | | | | |
| 12 | | 1 | | | | | 62 | | | | |
| 13 | | 1 | | | | | 63 | | | | |
| 14 | | 1 | | | | | 64 | | | | |
| 15 | | 1 | | | | | 65 | | | | |
| 16 | 1 | | | | | | 66 | | | | |
| 17 | | 1 | | | | | 67 | | | | |
| 18 | 1 | | | | | | 68 | | | | |
| 19 | | 1 | | | | | 69 | | | | |
| 20 | 1 | | | | | | 70 | | | | |
| 21 | | 1 | | | | | 71 | | | | |
| 22 | 1 | | | | | | 72 | | | | |
| 23 | | 1 | | | | | 73 | | | | |
| 24 | 1 | | | | | | 74 | | | | |
| 25 | | 1 | | | | | 75 | | | | |
| 26 | | 1 | | | | | 76 | | | | |
| 27 | | 1 | | | | | 77 | | | | |
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| 50 | | | | | | | 100 | | | | |
| TOTAL | | | | | | | TOTAL | | | | |
| TOTAL | | | | | | | TOTAL | | | | |
| TOTAL | | | | | | | TOTAL | | | | |
| CLAIMS | | | | | | | CLAIMS | | | | |